

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

September 11, 2015

Ms. Mary Pappas, Administrator
King's Daughters Home, Inc.
10 Rugg Street
St Albans, VT 05478-1713

Dear Ms. Pappas:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 12, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



SEP 03 2015

PRINTED: 08/26/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2015
NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS HOME, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 10 RUGG STREET ST ALBANS, VT 05478		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 08/12/2015. While the home was found to be in substantial compliance, an issue was identified that requires correction.	R100	<p>The home will use an Employee Master Schedule which includes names, titles, dates + hours on duty. Effective September 1, 2015 a schedule for September is included for review.</p> <p>R183 POC accepted 9/10/15 Ecclesman RN/PMU</p>	
R183 SS=B	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.f There shall be at least one (1) staff member on duty and in charge at all times. In homes with more than fifteen (15) residents, there shall be at least one (1) responsible staff member on duty and awake at all times. There shall be a record of the staff on duty, including names, titles, dates and hours on duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the residence failed to have staffing records that include the names, titles, dates and hours of staff on duty. The findings are as follows:</p> <p>Per review of staffing patterns for July and August 2015 and confirmed during staff interview with Assistant Director at 1:05 PM on 08/12/2015, the residential care home has staffing schedules that include only staff first names with no titles, and no hours that staff work. The schedule lists shifts covered but not the actual hours. Staff confirm that shift hours are staggered, with some overlap, some short shifts and usually only 1 person scheduled for each shift on each week-end day.</p>	R183		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

SFZG11

If continuation sheet 1 of 1